

City of Tempe Fall 2015 K-8TH Flag Football

Non-Tempe Residents are always Welcome

Boys & Girls can compete

Grades are based on Fall 2015

K - 8th Program Location

Benedict Sports Complex
490 W. Guadalupe Rd

Early Bird Registration
Aug. 10th – 16th Fee \$75

K - 5th:

Football Camp First Two weeks of (7) Week Season

Play under Lights

Remaining Weeks Have Practice Followed by Game

Times & Dates:

6:00pm – 7:30pm

K - 1st: Sept 21st – Nov. 2nd (Mon. Only)

2nd - 3rd: Sept 22nd – Nov. 3rd (Tues. Only)

4th - 5th: Sept 23rd – Nov. 4th (Wed. Only)

6th - 8th:

Sept. 26th 1st Day Time: 9:00am – 11:00am

Potential practice(s) will be held during a weekday evening (Mon. ,Tues. or Wed.)

Game Times & Dates:

Sept. 26th – Nov. 14th (Saturday Game) 9am/10am/11am

Course Code:

46290 = 6th - 8th

Course Codes:

46287 = K – 1st

46288 = 2nd - 3rd

46289 = 4th - 5th

Fee: \$89.00 Per Child

****Scholarships available****

****Must verify enrollment in-state subsidy program**

& be a Tempe resident or child attends a Tempe School

Easy to Register!

Mail-in or drop off Monday-Friday, 8a-5p

(Recreation Services 3500 S. Rural Rd. 2nd Floor)

Fax: 480-350-5058 (Debit or Credit payment only)

On-Line: www.tempe.gov/youthsports

(Debit or Credit payment only)

Participant Name: _____	Date of Birth _____	Age _____	Sex _____
Address: _____	APT # _____	City _____	Zip _____
Phone: Cell _____	Other _____	School _____	Grade (Fall 2015) _____
Parent's Name: _____	Email: _____	Previous Participant: Y N	
Coach/Friend Request: _____			
Please Circle One:	K – 1 st : 46287	2 nd - 3 rd : 46288	4 th - 5 th : 46289
			6 th – 8 th : 46290

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. *Photos may be taken during programs for City of Tempe Use*

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REQUIRED: Parent or Legal Guardian Signature AND Printed Name _____ **Date** _____

Fee: \$ _____ Credit Card Number _____ -- -- -- -- Exp. Date: _____

Enclosed Check # _____ **OR** Signature Authorizing Charge to above number _____

Questions regarding programs or how to volunteer coach contact **480-350-5222** or keyon_cornejo@tempe.gov

PLEASE TURN OVER FOR YOUTH HOOPS INFORMATION